

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112 I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/07163	08/02/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name Customer Number or label

OR

List Attorney(s) and/or agent(s) name and registration number below.

Name	Registration Number	Name	Registration Number
Glenn E. J. Murphy Stephen D. Harper Kimberly R. Hild Steven C. Bauman	33,539 33,243 39,224 33,832		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number or label 00423 OR Fill in correspondence address below

Name	Kimberly R. Hild				
Address	Henkel Corporation				
Address	2500 Renaissance Blvd, Suite 200				
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Country	USA	Telephone	610-278-4964	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name	Hinrich	Middle Initial		Family Name	Moeller	Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City	Monheim	State		Country	Germany	Citizenship	Germany
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Post Office Address	Haydnstrasse 27						
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Post Office Address							
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City	40789 Monheim	State		Zip		Country	Germany	Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Doris		Middle Initial		Family Name	Oberkobusch		Suffix e.g. Jr.			
Inventor's Signature						Date					
Residence: City	Duesseldorf		State		Country	Germany		Citizenship	Germany		
Post Office Address	Auf'm Rott 81										
Post Office Address											
City	40591 Duesseldorf		State		Zip		Country	Germany		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Horst		Middle Initial		Family Name	Hoeffkes		Suffix e.g. Jr.			
Inventor's Signature						Date					
Residence: City	Duesseldorf		State		Country	Germany		Citizenship	Germany		
Post Office Address	Carlo-Schmidt-Strasse 113										
Post Office Address											
City	40595 Duesseldorf		State		Zip		Country	Germany		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City			State		Country			Citizenship			
Post Office Address											
Post Office Address											
City			State		Zip		Country			Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City			State		Country			Citizenship			
Post Office Address											
Post Office Address											
City			State		Zip		Country			Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto											